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Bib Data Sheet

CONFIRMATION NO. 8749

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/785,349   | <b>FILING OR 371(c) DATE</b><br>02/24/2004<br><b>RULE</b>   | <b>CLASS</b><br>623           | <b>GROUP ART UNIT</b><br>3738   | <b>ATTORNEY DOCKET NO.</b><br>S63.2-9776US02 |                                |
| <b>APPLICANTS</b><br>Antoine LaFont, Paris, FR;<br>Eric J. Simso, Excelsior, MN;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/084,294 02/25/2002 ABN  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/17/2004</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>FR | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>10                    | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>490  |   |                               |   |  |                                |
| <b>TITLE</b><br>High temperature stent delivery system   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |